

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	23/10/2020 16:08
Date Of Accident	22/10/2020 21:20
Exact Location Of Accident	JUNC PASIR RIS DR 1 & PASIR RIS ST 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8786G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM YOKE HIAN CLARICE
NRIC No	SXXXX274I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93802486
Alternative Phone No	OFFICE-93802486

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V08312/VPE/R02
Cover Note Number	

### Driver

Name of Driver	SIM KAY ENG
NRIC No	SXXXX533E
Date Of Birth	03/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1969
Driving Experience	51 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93802486
Fax Number	
Contact Number	OFFICE-93802486
Email Address	NOEMAIL

Address	BLK 143 PASIR RIS STREET 11 #01-113
Postcode	510143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20201023/2018.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW5492S
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SIM KAY ENG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKE8786G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

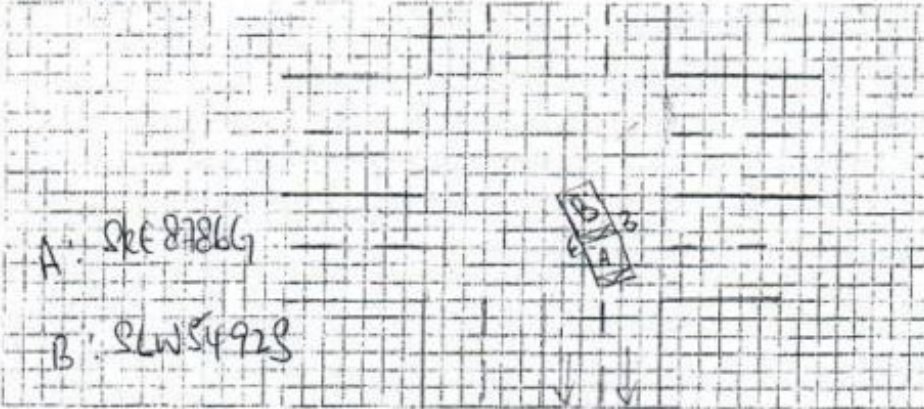
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Pasir Ris st 11 turning right into Pasir Ris drive 1. While waiting for a cyclist to pass the red light, I suddenly felt a huge impact coming from the rear of my vehicle A. I got down and realise vehicle B back onto me.

Refer to TP Report

T/20201023/2018

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Cusati  
Policyholder's Signature  
Date & Time:

[Signature]  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

[Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201023/2018

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3  
Report No. T/20201023/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2020 10:50	Vide Report No.:	Station Diary No.: 49
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### Informant's Particulars

Name of Informant: SIM KAY ENG	Address: APT BLK 143 PASIR RIS STREET 11 #01-113 SINGAPORE 510143
ID Type / ID No.: NRIC NO / S0470533E	Contact No.: Home/Office: Mobile: 93802486
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 71 Date of Birth: 03/09/1949	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Driver	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2020 21:20	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE8786G	Car	HONDA	FIT 1.3G A	Blue	Seriously Damaged	0
SLW5492S	Car	HONDA	CIVIC 1.8L 5AT	Black		0

### Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

# Police Report



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POLICE FORCE**



T/20201023/2018

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20201023/2018

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SIM KAY ENG		ID No. S0470533E
Related Vehicle	SKE8786G (Car)		Contact No. 93802486
Hospital/Clinic	Intemedical 24hr clinic		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/10/2020	Date Discharge	22/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Muhammad Fadhli Bin Jazuli		ID No. S9513042i
Related Vehicle	SLW5492S (Car)		Contact No. 98296405
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 22/10/2020 at about 9.20pm, I was driving along Pasir Ris St 11 the most right lane making a right turn to Pasir Ris Drive 1. I noticed a cyclist ( Anbarasan Uthayarasan, G8254923X ctt 83459102) crossing the road. I waited for the cyclist to cross and that was when my car was hit from the rear by another vehicle. My vehicle suffer a damage of a dent at the rear left bumper. As such, both drivers make a check on the vehicle and exchange particulars. Traffic police and ambulance were at scene. My car has no CCTV. Nobody was injured. Paramedic make a check on me, no conveyance was needed but I was advised to seek medical assistance at a clinic. I was then given 3 days MC for my neck and back pain.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201023/2018

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20201023/2018

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sr Staff Sgt NUR SAKINAH BINTE SURANI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/10/2020 10:50

Officer In Charge Of Case:  
TP / GiT /  
MX 15 (2008) NORHIDAYAH BINTE MOHAMED  
LATIF  
Contact No.: 65476393

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

